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<https://escholarship.org/uc/item/8pn706cn>

Journal

ANNALS OF NEUROLOGY, 22(3)

ISSN

0364-5134

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Publication Date

1987-09-01

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Peer reviewed

61. Transverse Sinus Thrombosis in Newborns: Clinical and Magnetic Resonance Imaging Findings

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Transverse sinus thrombosis (TST) in full-term infants has been considered an exceedingly rare sequela of perinatal trauma. The thrombosis is thought to be a consequence of a tentorial tear and is associated with subarachnoid and sub-dural hemorrhages. Presented is a series of full-term infants with uniform clinical, electrophysiological, and cerebrospinal fluid (CSF) characteristics (Table), all of which had TST on magnetic resonance imaging (MRI).

These infants, seen over a six-month period, present a distinct clinical syndrome of mildly abnormal prenatal history, good Apgar scores, hyperirritability or seizures, hemorrhagic CSF, right temporal sharp waves on EEG, and good outcome. MRI is diagnostic, revealing nonflowing blood (thrombosis) of the right, dominant, transverse sinus, associated with thrombosis of the torcula (2 cases) and straight sinus (1 case). We suggest that TST is a fairly common (and over-looked) entity in the full-term neonate.

Patient	Sex/wt (gm)	Apgar Score (1/5 min)	Predisposing Factors	Seizures/EEG	CSF	Neurological Examination
1	F/2815	4/6	Maternal fever	None/excessive central and temporal sharp waves	Numerous red cells, xanthochromic	Normal
2	F/3900	6/8	Fetal distress, C-section	None/excessive R temporal sharp waves	Not done	Normal
3	M/2575	8/9	Premature labor, maternal hypertension	One/excessive central and temporal sharp waves	100,000 red cells	Normal